

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE Bd.  
fax  
2008 MAY 19 AM 8:16

①

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Jack Drake for State Representative

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

**Candidate Name**

Jack Drake

**Political Party (if applicable)**

Republican

**Office Sought**

Representative

**District (if Senate or House)**

House 57

**FORM**

**DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

727

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Shirley J. Drake  
**SIGNATURE OF PERSON FILING REPORT**

712-784-3538  
**TELEPHONE**

5-19-2008  
**DATE SIGNED**

I AM FILING A May 19, 2008  
(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 4,498.31

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

6,998.41

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 11,496.72

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3,443.18

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 9,053.54

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 120.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ NONE

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

☐ CHECK THIS BOX IF  
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-2-08	ID# CK#	Larry Unkrich 1305 Hilltop Ln. Fairfield, IA. 52556		\$ 100.00	<input type="checkbox"/>
1-2-08	ID# CK#	C. Rowles Cattol, IA 51401		100.00	<input type="checkbox"/>
1-2-08	ID# CK#	Steven Cummings 23468 Northfield Rd. Mediapolis IA. 52637		100.00	<input type="checkbox"/>
1-2-08	ID# CK#	Samuel Carney 1343-330th St Adair, IA. 50002		200.00	<input type="checkbox"/>
1-2-08	ID# 9748 CK# 1056	Midwest PAC 1636 NW 114th St. Clive, IA. 50325		500.00	<input type="checkbox"/>
1-5-08	ID# 6098 CK# 1698	Iowa Physical Therapy 8355 University Blvd. Ste. H Clive, IA. 50325		25.00	<input type="checkbox"/>
1-7-08	ID# CK#	Clarence Hoffman P.O. Box 83 Charter Oak, IA. 51439		200.00	<input type="checkbox"/>
1-10-08	ID# 8028 CK# 2334	Monsanto Citizenship Fund 800 N. Lindbergh Blvd. St. Louis, MO 63167		500.00	<input type="checkbox"/>
1-14-08	ID# CK# 628	IAAM PAC 4949 Westown Pkwy Ste. 165-N W. Des Moines IA. 50266		100.00	<input type="checkbox"/>
1-14-08	ID# CK# 1050	IA. Chapter National Electrical Contractors 2900 Westown Pkwy. Ste. D. W. Des Moines, IA. 50266		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2035.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-26-08	ID# CK#	Harold Lansman 1208-16 <sup>th</sup> St. Harlan, IA. 51537		\$ 25.00	<input type="checkbox"/>
1-31-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		1.24	<input type="checkbox"/>
2-29-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		1.19	<input type="checkbox"/>
3-8-08	ID# CK#	Chuck Miller 68343 Scott St. Griswold, IA. 51535		100.00	<input type="checkbox"/>
3-31-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		.50	<input type="checkbox"/>
4-26-08	ID# CK#	Todd Langenfeld 402 Valley Dr P.O. Box 262 Earling, IA. 51530		50.00	<input type="checkbox"/>
4-26-08	ID# CK#	Norma Landon 708 Cass St. Griswold, IA. 51535		50.00	<input type="checkbox"/>
4-26-08	ID# CK#	William Lewis 1227-700 <sup>th</sup> St. Harlan, IA. 51537		100.00	<input type="checkbox"/>
4-26-08	ID# CK#	Dale Myers 1401 Redwood Dr. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
4-26-08	ID# CK#	Dorothy Putnam P.O. Box 177 Griswold, IA. 51535		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 437.93	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-26-08	ID# CK#	Sandi Richards 308 Ann St. Irwin, IA. 51446		\$ 250.00	<input type="checkbox"/>
4-26-08	ID# CK#	Todd Pehlert 54880 Fair River Rd. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
4-28-08	ID# CK#	Charles Aieken 301-6th St. P.O. Box 548 Griswold, IA. 51535		50.00	<input type="checkbox"/>
4-28-08	ID# CK#	Dewan Robinson 48606 Hwy 6 Oakland, IA. 51560		25.00	<input type="checkbox"/>
4-28-08	ID# CK#	Patricia Schaa F P.O. Box 395 Griswold, IA. 51535		25.00	<input type="checkbox"/>
4-28-08	ID# CK#	Marlin Petersen 2220-1500th St. Hickman, IA. 51447		100.00	<input type="checkbox"/>
4-28-08	ID# CK#	Glenn Olsen 501 W 29th St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
4-28-08	ID# CK#	Henry Olson 1929 Umbrella Rd. Irwin, IA. 51446		50.00	<input type="checkbox"/>
4-29-08	ID# CK#	Paul Leinen 1206-23rd St. Hickman, IA. 51537		250.00	<input type="checkbox"/>
4-29-08	ID# CK#	Jay Schuster 801 N. Scenic Dr. Oakland, IA. 51560		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 925.00	
TOTAL (If last page of this schedule)				\$	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-30-08	ID# CK#	Janelle Kühr 26582-510th St. Walnut, IA. 51577		\$ 25.00	<input type="checkbox"/>
4-30-08	ID# CK#	Leo Robinson Box 278 Grisswald, IA. 51535		50.00	<input type="checkbox"/>
4-30-08	ID# CK#	Barbara Kunze 305-5th St Grisswald, IA. 51535		40.00	<input type="checkbox"/>
4-30-08	ID# CK#	Theresa Muhlbaier 53567 Hitchcock Ave. Jewett, IA. 51544		100.00	<input type="checkbox"/>
4-30-08	ID# CK#	Roger Hubick 200 E. Valleyview Dr. Muskegon, IA. 51521		25.00	<input type="checkbox"/>
4-30-08	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		.48	<input type="checkbox"/>
5-1-08	ID# CK#	Paul Hattz P.O. Box 401 Muskegon, IA. 51521		25.00	<input type="checkbox"/>
5-1-08	ID# CK#	Dallas Havick 1906-800th St Harlan, IA. 51537		10.00	<input type="checkbox"/>
5-2-08	ID# CK#	Ralph Hansen 1109 Elm St # 107 Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-2-08	ID# CK#	Scott Hansen Box 699 Grisswald, IA. 51535		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 466.48	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Jack Drake for State Representative*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-2-08	ID# CK#	Haley Rickland 2805 Olive St Atlantic, IA. 50022		\$ 100.00	<input type="checkbox"/>
5-2-08	ID# CK#	Julaine Carley P.O. Box 698 Harlan, IA. 51531		25.00	<input type="checkbox"/>
5-3-08	ID# CK#	Edward Reinig 1085 Ridge Lane Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-3-08	ID# CK#	Watten Hutchinson 1412 Hazel St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-3-08	ID# CK#	Donald Deter 2817 Country Club Dr. Atlantic, IA. 50022		250.00	<input type="checkbox"/>
5-3-08	ID# CK#	Vetnice Vrtiska 1405 Pine Harlan, IA. 51537		15.00	<input type="checkbox"/>
5-3-08	ID# CK#	Stanley Christensen 1213 Grange Rd. Harlan, IA. 51537		50.00	<input type="checkbox"/>
5-3-08	ID# CK#	Deane Fahn 1217 Willow Harlan, IA. 51537		5.00	<input type="checkbox"/>
5-3-08	ID# CK#	Calvin Hoege P.O. Box 69 Elk, Horn, IA. 51531		50.00	<input type="checkbox"/>
5-3-08	ID# CK#	Fred Hildebrandt P.O. Box 225 Grissold, IA. 51535		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 570.00

TOTAL (if last page of this schedule)

\$

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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5-3-08	ID# CK#	Alan Metes 1401 Pine St. Box 208 Harlan, IA. 51537		\$ 50.00	<input type="checkbox"/>
5-3-08	ID# CK#	William A Henholtz 2043 Oak Rd. Defiance, IA. 51527		100.00	<input type="checkbox"/>
5-3-08	ID# CK#	Duane Acker 66344 Troublesome Cr. Rd. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
5-5-08	ID# CK#	Mrs Leon Hoegh 1368-340th St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-5-08	ID# CK#	Robert Camblin 903 Locust St. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
5-5-08	ID# CK#	Markin Perdue P.O. Box 668 Grissold, IA. 51535		25.00	<input type="checkbox"/>
5-5-08	ID# CK#	Karen Hansen P.O. Box 784 Walnut, IA. 51577		100.00	<input type="checkbox"/>
5-5-08	ID# CK#	ALLAN Duhn P.O. Box 340 Grissold, IA. 51535		100.00	<input type="checkbox"/>
5-6-08	ID# CK#	Ammond Bult P.O. Box 235 Lewis, IA. 51544		250.00	<input type="checkbox"/>
	ID# CK#	Betty Voggeser 1007 N. Poplar Dr Aurea, IA. 51521		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 895.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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5-6-08	ID# CK#	Mrs. Dixie Schirm P.O. Box 536 Walnut, IA. 51577		\$ 25.00	<input type="checkbox"/>
5-6-08	ID# CK#	Ruth Stevens 23325 - 430th St. Oakland, IA. 51560		25.00	<input type="checkbox"/>
5-6-08	ID# CK#	Allen Burchett 607 Willow St. Hartland, IA. 51537		50.00	<input type="checkbox"/>
5-7-08	ID# CK#	Deb Schuler 65244 Oxford Rd. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-7-08	ID# CK#	Marcella Jensen 1706 E. 18th St. #35 Atlantic, IA. 50022		50.00	<input type="checkbox"/>
5-7-08	ID# CK#	Richard Cook 2500 Palm #105 Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-7-08	ID# CK#	Margaret Slepisky 2904 S. Chestnut St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-7-08	ID# CK#	James Tylet 1827 Bryn Mawr. cr. Atlantic, IA. 50022		250.00	<input type="checkbox"/>
5-7-08	ID# CK#	Ruth Ann Barry 1933 Rd. M36 Irwin, IA. 51446		50.00	<input type="checkbox"/>
5-7-08	ID# CK#	George Mertz 764 Walnut St. Walnut, IA. 51577		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 575.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)



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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

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5-7-08	ID# CK#	Julienne Ferry 1822 Nishna Ave Hartland, IA. 51537		\$ 25.00	<input type="checkbox"/>
5-8-08	ID# CK#	Patricia Kenkel 409 St. F-32 Panama, IA. 51562		50.00	<input type="checkbox"/>
5-8-08	ID# CK#	Matie McLaughlin 1823 Oak Rd. Defiance, IA. 51527		25.00	<input type="checkbox"/>
5-8-08	ID# CK#	Lynn Stamp 59882-630 W. St. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
5-8-08	ID# CK#	Clifford Christensen 55344 Independence Rd. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-9-08	ID# CK#	Geneva Smith P.O. Box 568 Griswold, IA. 51535		50.00	<input type="checkbox"/>
5-9-08	ID# CK#	Jay Hoogeveen P.O. Box 274 Griswold, IA. 51535		100.00	<input type="checkbox"/>
5-9-08	ID# CK#	Leanne Pellett 1904 Sycamore St. Atlantic, IA. 50022		50.00	<input type="checkbox"/>
5-9-08	ID# CK#	Karl Aldag 1407 Chestnut St. Atlantic, IA. 50022		20.00	<input type="checkbox"/>
5-9-08	ID# CK#	Mike Cormack 303 W 3rd St Massena, IA. 50853		35.00	<input type="checkbox"/>
SUB-TOTAL				\$ 481.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS – MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-9-08	ID# CK#	Marceda Steenbock 703 Apple Rd. Persia, IA. 51563		\$ 25.00	<input type="checkbox"/>
5-10-08	ID# CK#	David Hoos 1406 Southridge Dr. Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-10-08	ID# CK#	Mrs Dennis Woodin 843 Linden Rd. Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-10-08	ID# CK#	Linda Fahn 743 1200 <sup>th</sup> St. Harlan, IA. 51537		15.00	<input type="checkbox"/>
5-10-08	ID# CK#	Joan Underwood 1315 Poplar Atlantic, IA. 50022		25.00	<input type="checkbox"/>
5-10-08	ID# CK#	James Van Ginkel 2801 Country Club Dr. Atlantic, IA. 50022		100.00	<input type="checkbox"/>
5-10-08	ID# CK#	Mrs. Wendell Pellett 1100 Brookridge Circle No 1D Atlantic, IA. 50022		20.00	<input type="checkbox"/>
5-10-08	ID# CK#	Michael Henningsen Box 407 Atlantic, IA. 50022		200.00	<input type="checkbox"/>
5-12-08	ID# CK#	Nancy Freeman 1009 4 <sup>th</sup> St. Grissold, IA. 51535		25.00	<input type="checkbox"/>
5-13-08	ID# CK#	Matty's Barry 65111-600 <sup>th</sup> St. Lewis, IA. 51544		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 510.00	
TOTAL: (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Jack Drake for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-13-08	ID# CK#	Elaine Berry 65879-560 <sup>th</sup> St. Lewis, IA. 51544		\$ 100.00	<input type="checkbox"/>
5-13-08	ID# CK#	Kim Euchner 1112-1200 <sup>th</sup> St. Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-13-08	ID# CK#	Dale Gross 1608 Lincoln Atlantic, IA. 50022	Cash	25.00	<input type="checkbox"/>
5-14-08	ID# CK#	Edwin Mills 2018-21 <sup>st</sup> St. Harlan, IA. 51537		25.00	<input type="checkbox"/>
5-14-08	ID# CK#	Nicholas Hunt 59433-585 <sup>th</sup> St. Atlantic, IA. 50022		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Jack Drake for State Representative*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8-08	ID# CK# 1218	KJAN Radio Station Box 389 Atlantic, IA. 50022	Sponsor 2 ads	\$ 64.00
1-14-08	ID# CK# 1219	Republican Party of Iowa 621 E 9th St Des Moines, IA 50309	Package Plan	36.5.00
1-16-08	ID# CK# 1220	Post Master Des Moines, IA. 50309	100 Stamps	41.00
2-8-08	ID# CK# 1221	Void		Void
2-8-08	ID# CK# 1222	Postmaster Des Moines, IA. 50309	Stamps	104.00
2-13-08	ID# CK# 1223	Creative Leap 1001 Office Park Rd W. Des Moines, IA. 50265	Postcards	135.00
3-18-08	ID# CK# 1224	Secretary of State 1st Floor Luens Bldg. 321 E. 12th St. Des Moines, IA 50309	Voter Registration List	13.00
3-26-08	ID# CK# 1225	Postmaster Atlantic, IA. 50022	2 rolls Stamps	52.00
SUB-TOTAL				\$ 774.00
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Jack Drake for State Representative*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-4-08	ID# CK# 1226	Harlan Newspaper Box 721 Harlan, IA. 51537	140 lg Envelopes 200 sm Envelopes Ream Typing paper	\$ 13.64
4-8-08	ID# CK# 1227	Legislative Information Office State Capital Des Moines, IA. 50309	Note cards	25.00
4-20-08	ID# CK# 1228	Postmaster Atlantic, IA. 50022	Stamps	264.00
4-26-08	ID# CK# 1229	Kyle Drake 53837 Country Lane Grisswald, IA. 51535	Ink Cartridges	47.00
4-28-08	ID# CK# 1230	Postmaster Atlantic, IA 50022	300-41 <sup>c</sup> stamps 18-34 stamps	123.54
5-9-08	ID# CK# 1231	House Majority Fund Republican Party of Iowa 631 E. 9 <sup>th</sup> St. Des Moines, IA. 50309	Transfer Funds	1000.00
5-10-08	ID# CK# 1232	IWCC Foundation 2712-12 <sup>th</sup> St. Harlan, IA. 51537	Sponsor Golf Scholarship	256.00
	ID# CK#			
SUB-TOTAL				\$ 1669.18
TOTAL (if last page of this schedule)				\$ 2443.18

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(1).)

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(for Schedule B)

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<b>SCHEDULE E</b>	<b>IN KIND CONTRIBUTIONS</b>
(Rev. 06/97)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Jack Drake for State Representative*

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1-27-08	Reed Copywriting 621 E. 9th St. Des Moines, IA 50309		Drafting Fundraising Letter	\$ 120.00	

SUB-TOTAL

\$  
120.00TOTAL (If last  
page of this  
schedule)\$  
120.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)